Complete Summary

GUIDELINE TITLE

Postpartum maternal and newborn discharge.

BIBLIOGRAPHIC SOURCE(S)

Cargill Y, Martel MJ, Society of Obstetricians and Gynaecologists of Canada. Postpartum maternal and newborn discharge. J Obstet Gynaecol Can 2007 Apr;29(4):357-9. [14 references] PubMed

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Maternal postpartum morbidity
- Newborn morbidity and mortality

GUIDELINE CATEGORY

Evaluation
Management
Prevention
Risk Assessment

CLINICAL SPECIALTY

Obstetrics and Gynecology
Pediatrics

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To summarize the evidence available with regard to discharge planning for mothers and newborns

TARGET POPULATION

Mothers and neonates being discharged from the hospital

INTERVENTIONS AND PRACTICES CONSIDERED

Maternal and newborn care after hospital discharge

- Assessment of physical, psychological, and social wellbeing of mother and newborn before discharge
- Follow-up programs in place for postpartum care in the community (e.g., home visits, outpatient breastfeeding clinic, early physician visits)

MAJOR OUTCOMES CONSIDERED

Maternal and neonatal morbidity and mortality in relation to length of hospital stay

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A Medline database search of articles from January 1995 to December 2004, using the key words early postpartum discharge

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Quality of Evidence Assessment*

I: Evidence obtained from at least one properly designed randomized controlled trial.

II-1: Evidence from well-designed controlled trials without randomization.

II-2: Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one center or research group.

II-3: Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results from uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category.

III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

*Adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Classification of Recommendations*

A. There is good evidence to recommend the clinical preventive action.
B. There is fair evidence to recommend the clinical preventive action.
C. The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making.
D. There is fair evidence to recommend against the clinical preventive action.

E. There is good evidence to recommend against the clinical preventive action.

*Adapted from the Classification of Recommendations criteria described in the Canadian Task Force on Preventive Health Care.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This policy statement was approved by the Clinical Practice Obstetrics Committee and the Executive Committee of the Society of Obstetricians and Gynaecologists of Canada (SOGC).

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The quality of evidence (**I-III**) and classification of recommendations (**A-E**) are defined at the end of the "Major Recommendations."

Options for Care after Discharge

1. Early discharge from hospital postnatal increases the risk of neonatal mortality and morbidity. Follow-up programs should take account of this. **(II-2 B)**
2. The physical, psychological, and social well being of the mother and newborn must be assessed when discharge planning takes place. Primiparous, young, single women are most likely to return to emergency departments with their neonates. **(II-2 A)**
3. Programs in place for postpartum care in the community are well used and appreciated. Additional programs in the community may decrease neonatal mortality, morbidity, and readmissions. **(II-2)**

Definitions:

Quality of Evidence Assessment*

I: Evidence obtained from at least one properly designed randomized controlled trial.

II-1: Evidence from well-designed controlled trials without randomization.

II-2: Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one center or research group.

II-3: Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results from uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category.

III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

Classification of Recommendations**

A. There is good evidence to recommend the clinical preventive action.
B. There is fair evidence to recommend the clinical preventive action.
C. The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making.
D. There is fair evidence to recommend against the clinical preventive action.
E. There is good evidence to recommend against the clinical preventive action.

*The quality of evidence reported in these guidelines has been adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on the Periodic Health Exam.

**Recommendations included in these guidelines have been adapted from the Classification of Recommendations criteria described in the Canadian Task Force on the Periodic Health Exam.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate postpartum maternal and newborn discharge from the hospital

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This policy statement reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level. None of these contents may be reproduced in any form without prior written permission of the Society of Obstetricians and Gynaecologists of Canada (SOGC).

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Safety

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Cargill Y, Martel MJ, Society of Obstetricians and Gynaecologists of Canada. Postpartum maternal and newborn discharge. J Obstet Gynaecol Can 2007 Apr;29(4):357-9. [14 references] PubMed

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2007 Apr

GUIDELINE DEVELOPER(S)

Society of Obstetricians and Gynaecologists of Canada - Medical Specialty Society

SOURCE(S) OF FUNDING

Society of Obstetricians and Gynaecologists of Canada

GUIDELINE COMMITTEE

Clinical Practice Obstetrics Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Principal Authors: Yvonne Cargill, MD, FRCSC, Ottawa ON; Marie-Jocelyne Martel, MD, FRCSC, Saskatoon SK

Committee Members: Catherine Jane MacKinnon, MD, FRCSC, Brantford ON; Marc-Yvon Arsenault, MD, FRCSC, Montreal QC; Elias Bartellas, MD, FRCSC, St John's NL; Sue Daniels, RN, Dartmouth NS; Tom Gleason, MD, FRCSC, Edmonton AB; Stuart Iglesias, MD, Gibsons BC; Michael C. Klein, MD, CCFP, Vancouver BC; Marie-Jocelyne Martel, MD, FRCSC, Saskatoon SK; Ann Roggensack, MD, Kingston ON; Ann Kathleen Wilson, BHSc, RM, Ilderton ON

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Society of Obstetricians and Gynaecologists of Canada Web site.

Print copies: Available from the Society of Obstetricians and Gynaecologists of Canada, La société des obstétriciens et gynécologues du Canada (SOGC) 780 promenade Echo Drive Ottawa, ON K1S 5R7 (Canada); Phone: 1-800-561-2416

AVAILABILITY OF COMPANION DOCUMENTS

The Appendix of the original guideline document includes criteria for discharge less than 48 hours after birth.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI Institute on March 10, 2009. The information was verified by the guideline developer on March 25, 2009.

COPYRIGHT STATEMENT

DISCLAIMER

NGC DISCLAIMER

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at http://www.guideline.gov/about/inclusion.aspx .

NGC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

Date Modified: 5/11/2009


DEPARTMENT OF HEALTH & HUMAN SERVICES • USA